

**COPY**

Agenda Item #

27.a

Date

11-23-16

Barnhart Crane and Rigging

5910 S 27th
Omaha, NE 68107

Facsimile Cover Sheet

To: Jean Andrews

Company: Dodge Co., NE Roads

Phone: 402-727-2722

Fax: 402-727-2723

From: Stan Hamilton

Company: Crane Rental & Rigging Co.

Phone: (402) 306 2072 or 731 1480

Fax: (402) 731-1116

shamilton@barnhartcrane.com

Date: 11/09/16 2:44 PM

Pages including this 2
cover page:

Jean,

While I faxing the generic COI's the one for you came in.

Thanks
Stan

2016 NOV -9 PM 2:49
RECEIVED
Dodge Co Hwyway Dept



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/9/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER HARRIS MADDEN & POWELL 1770 Kirby Parkway, Suite 320 Memphis TN 38138	CONTACT NAME: Debbie Shackelford PHONE (A/C, No, Ext): (901) 312-5300 FAX (A/C, No): (901) 653-9943 E-MAIL ADDRESS: dshackelford@hmpins.com
INSURER(S) AFFORDING COVERAGE INSURER A: International Ins Co of Hannover SE INSURER B: Liberty Mutual Fire Insurance Co INSURER C: Gemini Insurance Company INSURER D: Westchester Surplus Lines Ins Co INSURER E: Liberty Insurance Corporation INSURER F: Lloyd's	NAIC # 88885 10833 10172 42404

COVERAGES

CERTIFICATE NUMBER: 16 Master

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Stop-Gap Liability <input checked="" type="checkbox"/> Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		NBIS3810601	11/1/2016	11/1/2017	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> EX Auto Buffer		AS2651290552036 Hired Car Physical Damage \$2,500 Ded Comp & Coll.	11/1/2016	11/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Excess Auto Buffer-Each Occ \$ 3,000,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		GVE100168401	11/1/2016	11/1/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WC7651290552046 - WI WA765D290552016 - All States but OH ND WA WI & WY - Incis USL&H/Jones Act	11/1/2016	11/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
F	Motor Truck Cargo		MACCD1602321	11/1/2016	11/1/2017	Any One Conveyance \$ 100,000
A	Contractors Equipment		NBIS3810601	11/1/2016	11/1/2017	Any One Item Rented/Leased \$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Dodge County Nebraska
 Highway Department
 435 North Park
 Fremont, NE 68025

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Mark Harris/SHACD

2016 NOV -9 PM 2:49
 RECEIVED
 Dodge County Highway Dept

DODGE COUNTY MOVING PERMIT

This is to advise you, Barnhart Crane & Rigging that your Permit Application Number 227 has been approved to move a self-propelled Crane

over the routes indicated on your attached map on 11/10 - 11/16, 2016.

Alan Dell
Dodge County Highway Superintendent

By Alan Andrews

11-8-16
Date

APR-06-2012 08:36 From:DODGE CO HYWAY DEPT 402 727 2723

To:402 731 1116

P.2/2

DODGE COUNTY MOVING PERMIT APPLICATION

For Buildings over 12 feet in Width

Number 227

1. THAT, The Applicant, Barnhart Crane and Rigging, applies to move a Self Propelled Crane over the Public Right-of-Way in Dodge County, Nebraska on 11/10/16 thru 11/19/16 over the following route per attached map. From Douglas Co.: Old US 275, 20 S. Downing St.; Cloverly Rd.; Platte Ave. to Normal Plant and return.
2. THAT, the Applicant does hereby agree to hold the County of Dodge, Officers, Agents, or Employees forever harmless from any and all liabilities resulting from said move.
3. THAT, the Applicant shall provide all barricades, flags, flag people, vehicles, and warning lights necessary for adequate warning to other road users.
4. THAT, the Applicant hereby submits a Certified Check in the amount of \$500.00 made payable to the Dodge County Highway Department, which shall become the property of Dodge County as liquidated damages, if any signs, bridges, or any other county or township property is damaged, as well as tree trimmings, moving blocks, and any other tools that are left remaining in Dodge County's Right-of-Way. The Check will be returned after 5 days from the date of permit application if all of the above requirements are met.
5. THAT, the Applicant shall submit an Insurance Certificate with this application, verifying General Liability of \$1,000,000.00; Personal Injury of \$500,000.00; Medical Expense (Any one person) of \$5,000.00; Each Occurrence of \$500,000.00.

Insurance on file


Signature of Applicant5910 S 27th St.; Omaha, NE 68107
Applicant's AddressNov. 23, 2016
Date Filed with Dodge County Board of Supervisors2016 NOV -9 AM 12:55
RECEIVED
Dodge Co Hwyway Dept

